

CHILD CUSTODY, SUPPORT And PARENTING TIME

(formerly known as “Visitation”)

3

Part 3: Response to Petition (Forms Packet)

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SELF SERVICE CENTER

ESTABLISH CHILD CUSTODY, SUPPORT
And PARENTING TIME (formerly known as “Visitation”)

FOR RESPONDENT ONLY

PART 3 -- RESPONSE TO PETITION
(Forms Only)

How to assemble these documents

This packet contains court forms to respond to a petition for custody, support and parenting time. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRCV3ft	Table of forms in this packet	1
2	DR3k	Checklist	1
3	DRCV31f	<i>“Response to Petition”</i>	6
4	DRCVG11f	<i>“Parenting Plan”</i>	5
5	DRS12f	<i>“Parent’s Worksheet”</i>	8
6	DRAD10f	<i>“Alternative Dispute Resolution (ADR) Statement to the Court”</i>	2

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SELF SERVICE CENTER FORMS

RESPONSE TO PETITION AND PAPERS

CHECKLIST

Use the forms in this packet **ONLY** if the following factors apply to your situation:

- ✓ You want to file a response to a petition regarding custody, parenting time (formerly known as “visitation”), with or without support, that another party filed in court.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Your Name: _____ (B)
Your Address: _____
Your City, State, ZIP: _____
Your Telephone No: _____
ATLAS # (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY

Regarding the Matter of:

Case Number: _____ (D)

(Name of Petitioner) (C)

(A) **RESPONSE TO PETITION TO
ESTABLISH FIRST COURT ORDER FOR:**
(Check one box, depending on whether
you need child support order)

AND

☐ **CHILD CUSTODY, PARENTING TIME
(formerly known as "VISITATION"), and
CHILD SUPPORT
OR
☐ CHILD CUSTODY AND PARENTING TIME**

(Name of Respondent)

GENERAL INFORMATION:

1. INFORMATION ABOUT THE PETITIONER (THE OTHER PARTY)

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Soc. Sec. No.: _____
Occupation: _____
Relationship to children for whom person wants the **CUSTODY/ PARENTING TIME** order:
☐ Mother
☐ Father
☐ Other: (explain): _____

2. INFORMATION ABOUT THE RESPONDENT (ME)

Name: _____
Address: _____
County of residence: _____
Date of Birth: _____
Soc. Sec. No.: _____
Occupation: _____
Relationship to children for whom person wants the **CUSTODY/PARENTING TIME** order:
☐ Mother
☐ Father
☐ Other: (explain): _____

3. INFORMATION ABOUT CHILD(REN) FOR WHOM PERSON WANTS ORDER:

Name _____
Social Security No. _____
Birth date _____
Current Address: _____

County of residence: _____
Father: _____
Mother: _____

Name _____
Social Security No. _____
Birth date _____
Current Address: _____

County of residence: _____
Father: _____
Mother: _____

Name: _____
Social Security No.: _____
Birth date: _____
Current Address: _____

County of residence: _____
Father: _____
Mother: _____

Name: _____
Social Security No. _____
Birth date _____
Current Address: _____

County of residence: _____
Father: _____
Mother: _____

STATEMENTS ABOUT PATERNITY AND CHILD SUPPORT:

4. INFORMATION ABOUT PATERNITY OF CHILDREN: (check one box)

- ☐ An Order for Paternity is dated _____ from the (Name of court) _____ which states that (father's name) _____ is the natural father of the child(ren). A copy of the order is in this court file. (See instructions.)
- ☐ We do not have an order of paternity, but we do have a child support order. (See instructions.)

5. INFORMATION ABOUT CHILD SUPPORT FOR CHILD(REN): (check one box)

- ☐ An Order for Child Support is dated _____ from the (Name of court) _____ which states that child support is established. This Order **does NOT need to be changed**. (Note: if order is from court other than Superior Court in Maricopa County, see instructions.)
- ☐ An Order for Child Support is dated _____ from the (Name of court) _____ which states that child support is established. This Order **DOES need to be changed**. (Note: if order is from a court other than Superior Court in Maricopa County, see instructions.)
- ☐ To my knowledge **there is no child support order** for the child(ren) and the court should order child support in this case along with custody and visitation.

6. WHAT I SAY ABOUT PATERNITY AND CHILD SUPPORT THAT IS DIFFERENT FROM WHAT

PETITIONER SAID: (Summarize what is different between what you say and what the other party said in the petition)

OTHER INFORMATION ABOUT THE CHILDREN:

7. **WHERE THE CHILDREN WHO ARE UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**
(Attach extra pages if necessary.)

Child's Name _____
Lived with _____
Street address _____

Dates: From _____ To _____
Relationship to child _____
City _____
State _____

Child's Name _____
Lived with _____
Street address _____

Dates: From _____ To _____
Relationship to child _____
City _____
State _____

Child's Name _____
Lived with _____
Street address _____
State _____

Dates: From _____ To _____
Relationship to child _____
City _____
State _____

8. **COURT CASES NOT INVOLVING CUSTODY OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD: (check one box)**

☐ **I HAVE** ☐ **I HAVE NOT** been a party or a witness in court in this state or in any other state regarding the custody or parenting time of any of the children named above (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____
Court state _____ Court location _____
Court case number _____ Current status _____
How the child is involved: _____

Summary of any Court Order: _____

9. **CUSTODY OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD: (check one box)** ☐ **I DO NOT HAVE** ☐ **I DO HAVE** information about a custody or parenting time court case relating to any of the children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____

Court state _____ Court location _____
Court case number _____ Current status _____
Nature of the court proceeding: _____
Summary of Court order: _____

10. **CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON: (check one box)**

☐ **I DO NOT KNOW** ☐ **I DO KNOW** a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named above. (If so, explain below, using extra pages if necessary. IF NOT, GO ON).

Name of each child: _____

Name of person with the claim: _____

Address of person with the claim: _____

Nature of the claim: _____

11. **SUMMARY OF WHAT I SAY ABOUT THE CHILDREN THAT IS DIFFERENT FROM WHAT THE PETITIONER ASKED FOR:** (Summarize what is different between what you say about the children, and what the other party said.) _____

OTHER STATEMENTS TO THE COURT:

12. **OTHER EXPENSES:** The parties should be ordered to divide between them any uninsured medical, dental, or health expenses, reasonably incurred for the minor child(ren), in proportion to their respective incomes.

13. **DOMESTIC VIOLENCE:** (check if you are asking for joint custody; this statement must be true about you)

☐ Domestic violence has **not** occurred between the parties. OR,

☐ Domestic violence **has** occurred but it is not significant

14. ☐ **VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the petitioner, or the respondent, or the child(ren).

15. ☐ **GENERAL DENIAL:** I deny anything stated in the complaint that I have not specifically admitted, qualified, or denied.

REQUESTS I MAKE TO THE COURT IN THIS LAWSUIT:

1. **CUSTODY OF CHILDREN:** (check and complete a or b) Order that:

a. **SOLE CUSTODY:** ☐ Sole custody of the minor child(ren) awarded to ☐ me or ☐ the other party as primary custodial parent subject to parenting time as follows:

1) ☐ Reasonable parenting time rights to the parent not having custody, as will be described in a Parenting Plan attached to the Final Order.

2) ☐ **(check and explain only if you want the other parent to have supervised or no parenting time)** ☐ **Supervised parenting time** between the children and ☐ me OR ☐ the other party

or ☐ **NO parenting time** between the children and ☐ me OR ☐ the other party is in the best interests of the children, pursuant to A.R.S. Section 25-337 and 25-338, because

(explain here reasons for supervised parenting time or no parenting time):

- 3) ☐ **Supervised parenting time** to the parent not having custody, only in the presence of another person, who is named by the court (suggestion below) upon a finding that supervised access is in the best interest of the child.

Person to supervise: _____

Requested restrictions on parenting time: (explain here) _____

The cost of supervised parenting time shall be paid by ☐ the parent being supervised;
☐ the parent having custody; ☐ shared equally by the parties.

- 4) ☐ **No parenting time** rights to the parent not having custody **OR:**

- b. **JOINT CUSTODY:** ☐ Joint Custody - Petitioner and Respondent agree to act as joint custodians of the children, as set forth in the Joint Custody Agreement pursuant to A.R.S. Section 25-332, signed by both parties, if the Court adopts the terms of the Joint Custody Agreement. There have been no significant acts of domestic violence under A.R.S.13-3601 by either parent.
☐ Mother or ☐ father will be the primary custodial parent.

Check below if you are asking for a child support order or a change of child support in this case:

2. ☐ **CHILD SUPPORT:** Order that child support shall be paid by (check one box)

- ☐ Me _____ (my name) or
☐ Other party _____ (name)

in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines and the attached Child Support Worksheet. Support payments shall begin on the first day of the first month following the entry of the Custody/Visitation Order. These payments, plus a fee for handling, shall be paid through the Support Clearinghouse and collected by automatic assignment.

3. **HEALTH, MEDICAL AND DENTAL INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:**

Order that ☐ I or ☐ the other party shall pay for health, medical, dental insurance coverage for the children under the age of 18 years, and that the Petitioner and Respondent shall pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes as described on the Parents' Worksheet, which shall be submitted with the Judgment and Order.

4. **OTHER ORDERS I AM REQUESTING** (explain request here): _____

OATH AND VERIFICATION OF RESPONDENT

STATE OF ARIZONA)
County of Maricopa)

I, being duly sworn and under oath, state that I have read this Response. All the statements are true, correct and complete to the best of my knowledge and belief.

SIGNED: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by
_____.

NOTARY PUBLIC

My Commission Expires: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner _____ Case Number _____
AND

Name of Respondent _____
PARENTING PLAN
☐ FOR JOINT CUSTODY WITH JOINT
CUSTODY AGREEMENT OR
☐ SOLE CUSTODY
☐ Mother
☐ Father

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time;
PART 3) Joint Custody Agreement.

One or both parents must complete and sign the Plan as follows:

- a. **If both parents agree to joint custody:** Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. **If both parents agree to custody and parenting time arrangements but not to joint custody:** Both parents must sign the Plan at the end of PART 2;
- c. **If only one parent is submitting the Plan:** That parent must sign at the end of PART 2.

PART 1: GENERAL INFORMATION:

A. CHILDREN. This Plan concerns the following children: (Use additional paper if necessary)

B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN: The following custody arrangement is requested: (Check the box(es) that apply.)

- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan,
OR
☐ Mother or ☐ Father will be the primary custodial parent

☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**

☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.

☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

PART 2: CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

A. WEEKDAY AND WEEKEND SCHEDULE: The time-sharing schedule will be as follows:

☐ The children will be in the care of Father as follows: (Explain).

☐ The children will be in the care of Mother as follows: (Explain).

☐ Other custody arrangements are as follows: (Explain).

☐ Transportation will be provided as follows:

☐ Mother or ☐ Father will pick the children up at _____ o'clock.

☐ Mother or ☐ Father will drop the children off at _____ o'clock.

Parents may change their time-share arrangements by mutual agreement with at least ____ days notice in advance to the other parent.

B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS: The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**

☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**

☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)

- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.) _____
- ☐ Each parent is entitled to a _____ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least _____ days in advance.
- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

C. HOLIDAY SCHEDULE: The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/ Parenting time schedule.

Holiday	Even Years	Odd Years
<input type="checkbox"/> New Year's Eve	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Spring Vacation	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Easter	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> 4th of July	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Halloween	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Veteran's Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Hanukkah	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Christmas Eve	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Christmas Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Winter Break	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Children's Birthdays	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Mother's Day will be celebrated with the Mother every year.		
<input type="checkbox"/> Father's Day will be celebrated with the Father every year.		
<input type="checkbox"/> Each parent may have the child(ren) on his or her birthday.		
<input type="checkbox"/> Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.		
<input type="checkbox"/> Other Holidays (Describe the other holidays and the arrangement.)		
<input type="checkbox"/> Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours.		
<input type="checkbox"/> Other (Explain) _____		

D. PARENTAL ACCESS TO RECORDS AND INFORMATION: Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

E. EDUCATIONAL ARRANGEMENTS:

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with ☐ Mother OR ☐ Father after consultation with _____.

F. MEDICAL AND DENTAL ARRANGEMENTS:

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with ☐ Mother OR ☐ Father after consultation _____.

G. RELIGIOUS EDUCATION ARRANGEMENTS:

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the _____ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

H. ADDITIONAL ARRANGEMENTS AND COMMENTS:

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren).
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren).
- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move

- ☐ or the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice.
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or Act in such a way that is inconsistent with the terms of this agreement.

NOTICE TO PARENTS: Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

I. SIGNATURE OF BOTH PARTIES

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every _____ months from the date of this document.
 - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403):
 - a.** The best interests of the child(ren) are served;
 - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
 - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
 - d.** The Plan includes a procedure for periodic review;
 - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved;
 - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested:
provide details on the sheets following the
signature page at Item 14)

(14) _____

Basic Child Support Obligation (from the Schedule)

(15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

Father

Mother

Medical/Dental Insurance Costs for Children

_____ (16) _____

Child Care Costs

_____ (17) _____

Adjusted for Tax Credit

_____ (17a) _____

Extra Education Costs

_____ (18) _____

Extraordinary/Special Needs Child Costs

_____ (19) _____

Court-Ordered Visitation/Exchange Costs

_____ (20) _____

Number of Child(ren) 12 and Over _____ 0 - 10% _____

(21) _____

Total Adjustments for Necessary Expenses

(22) _____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22)

(23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

Calculate for each parent:

Parents' Adjusted gross income (from line 12)

Father

Mother

_____ (24) _____

Combined adjusted gross income (from line 13)

_____ (25) _____

Parents' Adjusted gross income DIVIDED BY
combined adjusted gross income EQUALS

_____ % (26) _____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)

_____ (27) _____

Percentage of combined adjusted gross income (from line 26)

_____ % (28) _____ %

Percentage TIMES the total obligation EQUALS the amount _____ (29) _____
of the parent's support obligation

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance _____ (31) _____
premium paid directly to an insurance carrier by the
non-custodial parent (from line 16) [Guidelines 11]

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for work-related child care. (From line 17a)

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for extra education costs agreed upon by both parents or
ordered by the court. (From line 18)

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for costs associated with special needs of gifted or
handicapped children. (From line 19)

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial _____ (31) _____
parent for costs associated with court-imposed supervised exchanges.
(From line 20)

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

Father

Mother

EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

_____ (34) _____

MULTIPLE CHILDREN, DIVIDED CUSTODY

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain is required on the sheets following the signature page.

_____ (35) _____

SELF-SUPPORT RESERVE TEST

Paying parent's Adjusted Gross Income from line 12

_____ (12) _____

Minus reserve

(\$710) (36a) (\$710)

Minus arrears

() (36b) ()

RESULT

_____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

_____ (38) _____

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

_____ (39) _____

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

_____ (40) _____

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

Father

Mother

Percentage of uninsured medical expenses that each parent should pay.

_____ (41) _____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____

Signature of Person Filing (42)

State of Arizona)
)ss.
County of _____)

Acknowledged before me on this date: _____

My Commission Expires: _____

Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____

Attorney Filing

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

Name(s)	Date(s) of Birth(s)	Social Security Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(14) Children for whom Support is Requested - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)	Date(s) of Birth	12 or over Y / N	Social Security Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(17) Child Care Costs - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	X .75	=	Adjusted Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	X .75	=	_____	÷ 12 =	_____

Non-custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	÷ 12 =	_____

(21) Child 12 and Over - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) Adjustment for Costs Associated with Visitation - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes - Show how you arrived at the amount on line 38.
(Guidelines 10)

Higher _____

Lower _____

Result _____ $\div 2 =$ _____

(35) Multiple Children, Divided Custody - Show how you arrived at the amount on line 37.
(Guidelines 14)

Higher _____

Lower _____

Result _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR. (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered.
(Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

Other Requests - Identify and explain any additional issues you want the court to address.

ATLAS Number (if applicable): _____
Attorney for Petitioner: (if applicable) _____
Attorney's Bar Number and Email (if applicable) _____
Attorney for Respondent: (if applicable) _____
Attorney's Bar Number and Email (if applicable) _____

**THE SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY
FOR USE IN FAMILY COURT CASES ONLY**

Name of Petitioner (Please PRINT)

Case Number: _____

**ALTERNATIVE DISPUTE RESOLUTION
STATEMENT TO THE COURT
A.R.C.P. 16(g)(2)**

Name of Respondent (Please PRINT)

Check Appropriate Box Below:

- ☐ Petitioner's Statement
☐ Respondent's Statement
☐ Joint Statement (signed by both parties)

As required by Rule 16(g)(2) of the Arizona Rules of Civil Procedure, and under penalty of perjury, the responses below are true to the best of my/our knowledge and belief.

1. Have you and the other party discussed, in person or by telephone, the possibility of settling your case, and whether you might benefit from participating in some form of alternative dispute resolution (ADR)? (Check only one.)

☐ (a) YES, and I/we have checked our ADR choices under Number 2, on page 2.

☐ (b) YES, but we are not sure which ADR option best fits our situation. (Go to Number 2.)

☐ (c) YES, but I/we feel ADR would not be appropriate because: (Check all that apply.)

- ☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.
☐ There is a fear of violence.
☐ Other reasons (Please Explain): _____

☐ (d) NO, we have not discussed because: (Check all that apply. Then go to Number 2.)

- ☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.
☐ There is a fear of violence.
☐ Other reasons (Please Explain): _____

2. Please indicate in the next section which ADR option(s), *if any*, you prefer. Only check boxes in the column that is appropriate for you: If you are the Petitioner, only check boxes in the column for the Petitioner; if you are the Respondent, only check boxes in the column for the Respondent. If both parties are signing this document, make sure each party checks only their own choices. If both boxes are checked, the Court assumes you both agree to that option.

See the separate instructions for an explanation of each of these options.

I am/we are unsure which ADR option is best for our situation. I/we request a (free) conference with a court appointed ADR specialist to discuss options.	Petitioner	Respondent
	<input type="checkbox"/>	<input type="checkbox"/>
Court Sponsored: We wish to use the court sponsored ADR services below.		
Mediation of custody and/or parenting time through Conciliation Services	<input type="checkbox"/>	<input type="checkbox"/>
Expedited Services for child support, spousal maintenance, custody, parenting time (visitation), grandparent visitation	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a judicial officer	<input type="checkbox"/>	<input type="checkbox"/>
Private ADR: We wish to hire and pay for the private ADR services below.		
Mediation of all disputed issues using a <u>private</u> ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Arbitration of all disputed issues using a <u>private</u> ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a <u>private</u> ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Other <u>private</u> ADR services. What type? _____	<input type="checkbox"/>	<input type="checkbox"/>

3. If any private ADR services were checked above, the name, address and phone number of that private provider, **if known at this time**, is:

Name

Address

Address cont.

Phone

4. We expect to complete the ADR service(s) (court provided *or* private) by: _____.
Month/Day/Year

Sign and print **your own** name below. **DO NOT** write the **other party's** name or signature.

Petitioner's Signature

Date

Respondent's Signature

Date